



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

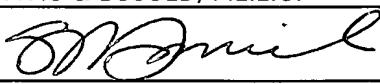
<p>FEB 16 2006</p>	<p>Application Number 10/009,663</p> <p>Filing Date with an effective filing date of May 15, 2000</p> <p>First Named Inventor Colin DUNLOP</p> <p>Group Art Unit 3736</p> <p>Examiner Name Jonathan M. FOREMAN Fax: (571) 273-8300</p>
<p>Total No. of Pages in this Submission: 16</p> <p>Attorney Docket Number GRIHAC P38AUS</p>	

ENCLOSURES (check all that apply)

<p><input checked="" type="checkbox"/> Fee Transmittal Form</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Fee attached</p> <p><input checked="" type="checkbox"/> Amendment/Response</p> <p style="margin-left: 20px;"><input type="checkbox"/> After Final</p> <p style="margin-left: 20px;"><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input checked="" type="checkbox"/> Extension of Time Request <i>(in Duplicate)</i></p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Response to Missing Part/s Incomplete Application</p> <p style="margin-left: 20px;"><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</p>	<p><input type="checkbox"/> Assignment papers <i>(for an Application)</i></p> <p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition</p> <p><input type="checkbox"/> To Convert a Provisional Petition</p> <p><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> Request for Refund</p>	<p><input type="checkbox"/> After Allowance Communication to Group</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i></p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i></p> <p>Postcard</p>
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<p>Firm or Individual Name</p>	<p>Scott A. Daniels DAVIS & BUJOLD, P.L.L.C.</p>	<p>Reg. No. 42,462 CUSTOMER NO. 020210</p>
Signature		
Date	<p>February 13, 2006</p>	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 13, 2006.

<p>Type or printed name</p>	<p>Scott A. Daniels</p>
Signature	
<p>Date: February 13, 2006 (tac)</p>	

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PTO/SB/17 (12-98)

Approved for use through 9/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

for FY 2006

Effective 10/01/2003. Patent fees are subject to annual revision.

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$1010

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit10/009,663
with an effective filing date of May
15, 2000
Colin DUNLOP
Jonathan M. FOREMAN
3736

Attorney Docket No.

GRIHAC P38AUS

METHOD OF PAYMENT (check all that apply)

■ Check Credit card Money Order Other None

■ Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65		Surcharge-late filing fee/oath	
1052	50	2052	25		Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130		Non-English specification	
1812	2,520	1812	2,520		For filing a request for re-examination	
1804	920*	1804	920*		Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*		Requesting publication of SIR after Examiner action	
1251	120	2251	60		Ext.for reply w/in 1 mon	
1252	450	2252	225		Ext.for reply w/in 2 mon	
1253	1,020	2253	510		Ext.for reply w/in 3 mon \$510	
1254	1,590	2254	795		Ext.for reply w/in 4 mon	
1255	2,160	2255	1,080		Ext.for reply w/in 5 mon	
1401	500	2401	250		Notice of Appeal	
1402	500	2402	250		Filing a Brief in support of an appeal	
1403	1,000	2403	500		Request for oral hearing	
1451	1,510	1451	1,510		Petition to institute a public use proceeding	
1452	500	2452	250		Petition to revive - unavoidable	
1453	1,500	2453	750		Petition to revive - unintentional	
1501	1,400	2501	700		Utility issue fee (for reissue)	
1502	800	2502	400		Design issue fee	
1503	1,100	2503	550		Plant issue fee	
1807	50	1807	50		Petition related to provisional applns.	
1806	180	1806	180		Submission of Info.Disclo.Stmt.	
8021	40	8021	40		Recording ea. patent assignment per property (times No.of properties)	
1809	790	2809	395		Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395		For ea.additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395		Request for Cont.Exam.(RCE)	
1802	900	1802	900		Request for expedited examination of a design appln	

2. CLAIMS

Extra Fee From Below Fee Paid

Total Claims 46-20* =20 \$ 50 (\$ 25) x = \$500

Ind. Claims 4 (paid)- 3=-0- \$200 (\$100) x =

Multiple Dependent = \$360 (\$180) x =

** or number previously paid, if greater; For Reissues, see below

Large Fee Code Entity Fee (\$)
Small Fee Code Entity Fee (\$)
Fee Description

1202 50 2202 25 Claims in excess of 20

1201 200 2201 100 Independent claims in excess of 3

1203 360 2203 180 Multiple dependent claim

1204 200 2204 100 **Reissue independent claims over original patent

1205 50 2205 25 **Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater; For Reissues, see above

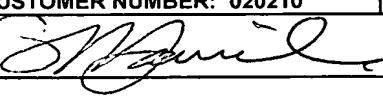
Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)\$510

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name	Scott A. Daniels CUSTOMER NUMBER: 020210	Registration No.	42,462	Telephone (603) 624-9220
		Deposit Acct. No.	04-0213	Fax: (603) 624-9229
Signature				Date: February 13, 2006